FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

. PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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JACKSONVII TE EITECTRIC MOTOR EVONAMENTO

E AND L L	610ings 3	Tac
Principal Place of Business	Mailing Address	MIC

220 SOUTH MYRTLE-AVENUE

4506Whisper

Suite. Apt. #. etc.

City & State

22

TITLE

TITLE

NAME

THILE

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT #

2a. Mailing Address

City & State

Suite, Apt. #, etc.

4506whispering duletor, JACKSONVILLE FL 32204

JACKSONVILLE FL.32277

 4. FEI
5 . Cer

3a. Date of Last Report 05/01/1995

Not Applicable \$8.75 Additional Fee Required

rtificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution

3. Date Incorporated or Qualified

59-2377818

02/01/1984

Number

\$5.00 May Be Addad to Fees

Applied For

B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

10.	Name	and	Address	of Ne	w Re	gistered	Agent
	Florida	Statu	ites		Yes	□ No	
		po			100	Trangesic L	CON COLICIC

Name and Address of Current Registered Agent MERRELL, EDDIE J. SR. 82 220 S MYRTLE AVE.

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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SIGNATURE	Signature, Typed or platted name of registered age	2_
	Signature, typed or pretted hame of registered ager	ni Brik

JACKSONVILLE FL 32204

NOTE	Fke	gistered
		13.

Agent signature required when reinstational

ACKSON Ville

Old For Const.					
***	Signature, typed or pluited name of registered agent and title i	fapplicable (NO	TE Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 12
TITLE	V	· 🔽 DELETE	1 1 TiTLE	DP	Change Addition
NAME	- MERRELL, EDDIE 1. JR.		1.2 NAME	FDDIEJ ME	RREII Change Addition
STREET ADDRESS	220 SOUTH MYRTLE AVE.		1.3 STREET ADDRESS	USOG Whisper	ingdilletur
City-St-ZiP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	J. ACKSON VILLE	· FL 32277
TITLE	DP	☐ DELETE	2.1 TITLE	16 F	Change Addition
NAMÈ	MERRELL, EDDIE		2.2 NAME	ucy MERREll	1 100
STREET ADDRESS	220 SOUTH MYRTLE AVE.		2 3 STREET ADDRESS	1506 whis per	INGONETUR
CITY - ST - ZIP	JACKSONVILLE FL		24 CITY+ST-ZIP	JACKSON VILLE A	CL 32277

3. 1 TITLE

3.2 NAME

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DST MERRELL, LUCY 220 South Myrtle ave. STREET ADDRESS

JACKSONVILLE FL

DELETE 4 1 TITLE

☐ DELETE

DELETE

DELETE

3.3. STREET ADDRESS 3.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY-ST-ZIP

900001806269

-05/03/96--01019--02/7change ***200.00

 Change	[7] Addition

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☐ Change

CITY-ST-ZIP 6 4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furtify certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as f made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my prine appears in Block 12 or Block 13 if changed prion an attachment with an address

IGNING OFFICER OR DIRECTOR

Addition

Addition